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BIBDATASHEET

CONFIRMATION NO. 1232

Bib Data Sheet

SERIAL NUMBER 10/635,951	FILING OR 371(c) DATE 08/07/2003 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 12181ZA
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APPLICANTS

Matti Siren, Fin-Helsingfors, FINLAND;

** CONTINUING DATA *****

This application is a DIV of 09/876,637 06/07/2001 PAT 6,632,797
 which is a CON of 09/202,908 10/12/1999 ABN *
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

SWEDEN 9602463-3 06/24/1996
 SWEDEN PCT/SE97/01115 06/23/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

11/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 3	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

23389

TITLE

Method of treating inflammatory, tissue repair and infectious conditions

FILING FEE RECEIVED 2038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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M.C.H

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~~*M.C.H* SWEDEN PCT/SE 97/01115 06/23/1997~~

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Verified and Acknowledged	Examiner's Signature <i>M.C.H</i> Initials				

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 23389
 SCULLY SCOTT MURPHY & PRESSER, PC
 400 GARDEN CITY PLAZA
 SUITE 300
 GARDEN CITY, NY
 11530

TITLE
 METHOD OF TREATING INFLAMMATORY, TISSUE REPAIR AND INFECTIOUS CONDITIONS

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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